MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-045243
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3301

FILED DEC 17 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	400-c		
2	204		12-
3			
4	0		
5	1		
6			
7	0		
8	2		
9			
10			
11			
12	41-0		
13			

41

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch, Mo.
Length of stay in 1b: 9 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rob't. Koch Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis ~~City~~
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6416 Wade
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cornelius Middle: Francis Last: Flynn

4. DATE OF DEATH: Month: 11 Day: 11 Year: 62

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 10-4-07

9. AGE (last birthday): 55 years
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Timothy Flynn

13b. MOTHER'S MAIDEN NAME: Margaret Ryan

14. NAME OF HUSBAND OR WIFE: Helen Noonan Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Records Koch Hosp., Koch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 23 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 002.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-8-62 to 11-11-62 and last saw her/him alive on 11-11-62
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H.A.Harris MD

22b. ADDRESS: Rob't. Koch Hosp.,Koch, Mo.

22c. DATE SIGNED: 11-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov.14,1962

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery,

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wacker-Helderle,3634 Gravois.

25. DATE RECD. BY LOCAL REG.: 11-13-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.